



2016 Fall Modified TBall Baseball Leagues



- Age determination date is based on May 1st, 2016
- Each team will receive a minimum of 5 games
- Refund requests will be accepted up to July 22nd. Approved refunds will be charged a \$10.00 processing fee.
- If you have an individual with a disability, the Park Board requires at least one week notice to provide individual accommodations. Please describe accommodations on the back of this form.
- Visit www.nays.org for NYSCA certification
- **REQUESTS ARE NOT GUARANTEED!**
- **SCHEDULES WILL NOT BE CHANGED AFTER THEY ARE RELEASED**

Session: Fall League (5 game Season)

Registration Dates: Jan. 26th – July 22nd

League Dates: August 8— September 16

Rain Make-Up Dates: Sep 19 – Sep 30

(Rain make-ups will be on the night you play)

ADDITIONAL RAIN MAKE UP DATES CAN BE SCHEDULED AT THE SUPERVISORS DISCRETION

Managers' Meeting

August 2nd 6:00pm Killian Sports Complex
(Schedules will be released at meeting)

Please complete the information below with payment: Spots are limited and are available on a first come basis!

Mail your entry form to:

Springfield—Greene County Park Board
Attn: Youth Baseball
1923 N. Weller
Springfield, MO 65803

Register in Person:

Killian Sports Complex
2141 E. Pythian
Springfield, MO. 65802

Fax Registration

Fax to (417) 837-5829

NO Phone Registrations Accepted

Please make checks to: SGCPB and include your Drivers License Number and place of employment on the check. Full payment must accompany registration form to be accepted. A late fee of \$30 will be charged for registration after July 22.

Team Name: _____ Manager's email address: _____

Phone: _____ Alt. Phone: _____

Manager/Head Coach: _____ Address: _____ City/Zip: _____

Assistant Coach: _____ Address: _____ City/Zip: _____

Assistant Coach: _____ Address: _____ City/Zip: _____

NYSCA Certified Coach (Mandatory): _____ Certification #: _____

With the passage of MO HCS/HB 62 (31)—Crime Law, all youth sports coaches, managers, and trainers shall be subjected to a background check against the Missouri Sex Offender Registry before league play begins. Please list all coaches, managers, and trainers legal name and address, city and zip code below. If you need additional space you may attach a sheet of paper or use the back of this form.

Team experience level: Class 1—Experienced Class 2 – Semi Experienced Class 3—Average Class 4—Rookie

League:	Night Available	Fee
Modified TBall	Fridays	\$170.00



SPOTS ARE LIMITED AND AVAILABLE ON A FIRST COME BASIS!



Payment: Cash _____ Check _____ Credit Card _____ **Expiration Date:** _____

Signature: _____ **Card #:** _____ **3 Digit Security Code:** _____

amount paid _____ reference/check # _____ receipt number _____